

NY  
8/23

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>My</i>		<i>7/11/00</i>
O.I.P.E. CLASSIFIER		<i>19</i>	<i>8/21/00</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>830</i>	<i>8/21/00</i>
RESPONSE FORMALITY REVIEW	<i>1+</i>	<i>60/05</i>	<i>12/30/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>3/9/00</i>
2	<i>4/2/00</i>
3	<i>2/11/00</i>
4	<i>10/26/00</i>
5	<i>03/04/00</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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